Nova Scotia Provincial Health Council

Annual Report

FOR THE FISCAL YEAR ENDING MARCH 31, 2001

Provincial Health Council

Prepared by

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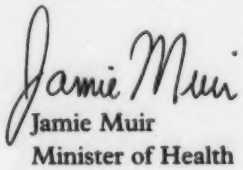
To Her Honour
The Honourable Myra A. Freeman
Lieutenant Governor of Nova Scotia

Madam:

I have the honour to submit the annual report of the Provincial Health Council for the year ending March 31, 2001.

Respectfully submitted,



Jamie Muir
Minister of Health

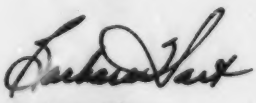
The Honourable Jamie Muir
Minister of Health
Province of Nova Scotia

Sir:

On behalf of the Provincial Health Council, I have the honour to present you with the fifth annual report of the Provincial Health Council.

This report is for the period of April 1, 2000, to March 31, 2001, and is submitted as required in Section 13(1) of the Health Council Act, 1990.

Respectfully submitted,



Barbara Hart
Chairperson

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Message from the Chair

Dear Reader:

Over the past year the Provincial Health Council has been particularly active in creating communication links with the people of Nova Scotia as it continues to fulfill its legislated mandate in the development of a **comprehensive health policy**.

Resulting from the consultation process the Council presented to the government and made public documents entitled *Essential Health Services* and *Health for Nova Scotians*.

Within the *Health for Nova Scotians* document there are 12 very key recommendations that need the attention of government as departmental business plans evolve in the future.

Nova Scotians told us that they knew how to be healthy but that they needed the tools and support to allow them to make the right choices. Clearly there was recognition that total dependence on an illness system is ill fated, and increasingly Nova Scotians are becoming aware of the forces that influence the health status of the population in Nova Scotia, namely the Determinants of Health. These determinants affect all aspects of our lives and are therefore the only true base on which to develop a **comprehensive health policy**.

Through the consultation process as well, it became abundantly clear that all facets of a continued communication plan and the development of alliances were two critical initiatives that the council must address as it moves into the next phase of its Strategic Direction.

The council has advocated, at every opportunity, improved communication and the abolition of the stovepipe philosophy within government departments. More appropriately using these stovepipes as conduits will allow for an improved and more user-friendly system, as well as being more cost efficient. We, too, must ensure continued and open communication at all levels.

It is a well-known fact in these challenging times that the only constant is change. We must all work to ensure that the foundation of change in Nova Scotia is "Healthy Nova Scotians in Healthy Communities."

Sincerely,

Barbara Hart
Chairperson

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Message from the Executive Director

Dear Reader:

We are pleased to present this, the fifth Annual Report of the Nova Scotia Provincial Health Council.

During the consultation process around the development of the document *Health For Nova Scotians*, you were asked for your vision for a health care system in Nova Scotia. Your responses were crafted into a vision statement submitted to the government on your behalf. This vision statement addressed Nova Scotians' concerns about affordable and sustainable health care, equitable access for all Nova Scotians, a system that is integrated and coordinated so Nova Scotians can move from one piece of the system to another with a minimum of discomfort, and a system that is refocussed on health promotion, health education, and the prevention of illness and injury.

The Provincial Health Council created for itself a vision of Nova Scotia that was based on your vision for health care. Our vision can be summed up in seven words:

"HEALTHY NOVA SCOTIANS LIVING IN HEALTHY COMMUNITIES."

This vision will shape the way we approach our activities in the future. You have told us that *"health care must be community based, participatory, with needed services delivered as close to the community as possible."* You also told us that individuals must take responsibility for their health practices: *"Bien manger, bien se reposer et faire de l'exercice régulièrement." "More focus on leading balanced lives—more physical activity and less stress."*

One of the criticisms we heard as we toured the province was a failure on the part of people asking questions to listen to the answers. We would like to assure you that we heard your answers and we are taking every opportunity to let the government know, on your behalf, what you have told us about health and health care in Nova Scotia.

Sincerely,

John R. Dow

John R. Dow
Executive Director

About the Provincial Health Council

Role and Mandate

The Provincial Health Council listens and responds to Nova Scotians.

We support the public's participation in health matters by providing them with information and opportunities.

We guide and monitor government decision making on all aspects of healthy public policy.

We promote the use of Nova Scotia's Health Goals as an essential tool to achieve health and well-being for Nova Scotians and their communities.

Government Mandates

Prior to its election in July 1999, the Progressive Conservative Party included the following items in its platform commitments:

1. Within the council establish a Health Care Advocate to ensure that cost-effective interventions are identified and provided to Nova Scotians with exceptional medical needs.
2. Mandate the council to hold province-wide public consultations to develop a list of core clinical services that must be provided at the community, regional and provincial levels, and to develop a Patient's Bill of Rights, for approval by government.
3. Mandate the council to review and make recommendations on standards for the delivery of services and to report its findings publicly.

Following the election, these mandates were given to the Provincial Health Council.

Structure

Appointed Council Members: The council comprises 12 volunteers from across the province who are appointed by the government. These volunteers serve as individuals representing Nova Scotians and do not represent any professional, organizational, political, or special interest group. There is no honorarium for service on the council.

Ex Officio Council Members: The council also has three ex officio members—the Deputy Minister of Health, the Associate Deputy Minister of Health, and the Executive Director of the council.

To date, 14 people, 10 women and 4 men, have been appointed to the council. Five members were from the Halifax Regional Municipality, 2 from the Annapolis Valley, 2 from the South Shore, 3 from Cape Breton, and 2 from northern Nova Scotia. Nine members have been employed in health-related fields.

September 2000 saw Dr. Mahmood Naqvi and Catherine Randall reappointed to the council for the period ending 28 September 2003 and the replacement of Douglas Shatford and Joan Lay by Mildred Noiles and Harry Churchill for the same period.

From April 2000 to March 2001 the council met in Halifax at least once a month. Appendix C lists the council meetings.

Committees: During the past 12 months, council established several committees: Communications, Mental Health, Planning and Priorities, Staffing, Call Centres, Core Clinical Services, Patient's Rights, and Information Technology. Meeting dates are listed in Appendix C. Some committees are permanent, while others, such as the Patient's Rights Committee, have been dissolved after they have completed specific tasks.

Staff: Council support staff includes an Executive Director, a Secretary/Office Manager, and a researcher.

Budget

The council had an operating budget of $291,700 for 2000–01. See Appendix A for a financial statement.

Appointment Process

The Province of Nova Scotia instituted a new appointment process for all government agencies, boards, and commissions in 1999. This process is used to fill Provincial Health Council vacancies as they occur. The process is outlined below.

Step 1 **Public call for nominations**

An advertisement listing all the openings on agencies, boards, and commissions for the next six months appears in the provincial newspapers in April and October of each year. As one-third of the Provincial Health Council terms expire the 30th of September each year, the main advertisement for members will appear in April of each year.

Step 2 **Applications are accepted by the Executive Council Office**

Each advertisement lists a closing date for the application process. Applications must be sent to the

Executive Council Office
One Government Place, 6th Floor
1700 Granville Street
PO Box 2125
Halifax, NS B3J 3B7

Step 3 **Applications are forwarded to an external screening panel**

Each government department has an external screening panel to review applications for all agencies, boards, and commissions that are attached to that government department. This screening panel reviews all applications to determine which candidates are qualified to sit on the agency, board, or commission for which they have applied.

Step 4 **Applications from qualified candidates are forwarded to the office of the Minister**

Biographies — Current Members

Term expiring 28 September 2001

Barbara Hart, Chair

Barbara was a nurse with the Grace Maternity Hospital and a home nursing instructor with St. John Ambulance before becoming Executive Director of Planned Parenthood for the Metro area. Barbara served as Deputy Mayor of Dartmouth and later became President of the Union of Nova Scotia Municipalities. She has won several awards and a medal from the Governor General for community service.

Merle MacDonald

Merle's career includes curriculum consultant for the Nova Scotia Department of Education and Culture and many years as elementary and secondary teacher. She implemented the compulsory Career and Life Management (CALM) course in collaboration with many organisations. Merle is a part-time faculty member at Acadia University and Mount Saint Vincent University. She is President of the Nova Scotia Home Economics Association and Provincial Director of the Canadian Home Economics Association.

John Hussey

John is employed with the Cape Breton County Economic Development Authority and is project manager of a business mentoring with the Cape Breton Industrial Board of Trade. John's career also includes 10 years with long-term care and 10 years as a member of the Cape Breton Hospital's contract negotiating team. John served as President of the Glace Bay Rotary Club, and he mentors students of health care and long-term care administration courses offered by the Canadian Hospital Association.

Sharon (Paul) Rudderham

Sharon is a Mi'kmaw from the First Nation community of Membertou, located in Sydney. She is currently a Mi'kmaw health advisor and Director with the Union of Nova Scotia Indians and provides advice on policy and health matters to Nova Scotia Mi'kmaw leadership and communities. Sharon is also the Co-Chair of Healing Our Nation—The Atlantic First Nations AIDS Network. She co-authored the *Nova Scotia Mi'kmaw Health Survey, 1997 Final Report and Preliminary Findings.* She also serves on several community, provincial, and regional health boards and nationally with the Assembly of First Nations—Health Secretariat.

Term expiring 28 September 2002

Tom Bird, Vice-Chair

A former Mayor of Bridgewater, Tom's career includes 29 years as school administrator in Kings County and Lunenburg County, Nova Scotia, and Schefferville, Quebec. He served as president for the Nova Scotia Administrators' Association, Phi Delta Kappa Acadia University Chapter, and Queens-Lunenburg School Administrators. Tom served as chairman for the Bridgewater Board of Health, Bridgewater Police Commission, and Lunenburg County Planning Commission.

Leona Brown

Leona was Chief Technologist and Manager of the EKG Department and Second Phase of the School of Medical Technology at Yarmouth Hospital. She is a volunteer coordinator with the Western Regional Health Board and is a member of the Yarmouth County Community Health Board, the Heart Health Partnership Project, the Senior Citizens' Secretariat, the Volunteer Steering Committee, and the Nova Scotia Women's Institute.

Beverley Coulson

Beverley's career includes nursing education and administration of acute and chronic care institutions in Ontario. She later worked in public and mental health in Newfoundland and Labrador. Beverley is a member of the Honour Society of the Dalhousie University School of Nursing, Canadian Pensioners Concerned Nova Scotia, and the Eastern Shore–Musquodoboit Community Health Board, and she serves as a volunteer for the Twin Oaks/Birches Continuing Care Centre.

Vivian Farrell

A former junior/senior high teacher, Vivian has also been a member and President of the Childrens' Aid Society of Pictou County and a member of the former Nova Scotia Residential Centre Advisory Board in Truro. She served as chair of the Pictou District School Board and as vice-chair of the Chignecto–Central Regional School Board. Vivian also completed a three-year term as a lay member of the Nova Scotia Barrister's Society.

Term expiring 28 September 2003

Dr. Mahmood Naqvi

Dr. Naqvi has 30 years' experience in health care, which includes surgical practice and hospital administration. He was founder and co-chair of the Cape Breton Regional Hospital Foundation that led to the establishment of the Cape Breton Regional Hospital. Upon his retirement, Dr. Naqvi became Medical Director of the Cape Breton Healthcare Complex. He has an array of professional and individual credentials, licences, and awards and has been honoured by the Medical Society of Nova Scotia and the Government of Nova Scotia.

Catherine Randall

Catherine has several years' experience in health care, beginning with Queen Mary's Veterans Hospital in Montreal and later working for Victoria General Hospital in Halifax and Queen's General Hospital in Liverpool, as well as the Women's Clinic, Keddy's Nursing Manor, and St. Vincent's Guest Home in Halifax. Catherine served on the Task Force of Nursing, the Minister's Action Committee on Health System Reform (Blueprint Committee), and the Minister's Task Force on Regionalisation. She served as President for the Nova Scotia Certified Nursing Assistant Association and was Nova Scotia Director for the Canadian Association of Practical Nurses/Nursing Assistants.

Mildred Noiles

Mildred has several years' experience as a nurse, beginning with Douglas Hospital in Verdun, PQ, Sunset Adult Residential Centre in Pugwash, and Highland View Regional Hospital in Amherst. Mildred has a vast experience working with health organizations, including the Cumberland County Victim Support Program, the Northern Regional Community Health Board, and the Nova Scotia Task Force on Nursing. She has received extensive education in health matters such as suicide intervention; drug and alcohol abuse; abuse of the elderly; and caring, treatment, and management of persons with AIDS.

Harry Churchill

Harry is retired after spending over 30 years in health administration. His last position was the Executive Director of the Cancer Treatment and Research Foundation of Nova Scotia. During his career, he served as Nova Scotia Director on the Board of the Canadian College of Health Service Executives and as chair of the Nova Scotia Chapter. Harry was a member of the Nova Scotia Home Care Advisory Council and served on the planning committee for "The Lodge that Gives," operated by the Canadian Cancer Society, Nova Scotia Division.

Harry served as Vice-President and Treasurer of the Nova Scotia Division of the Kidney Foundation of Canada. He is a volunteer at the IWK Hospital and is a recipient of the Queen's Silver Jubilee Medal.

Biographies — Exofficio Members

Dr. Thomas Ward, Deputy Minister of Health

Dr. Ward joined the Department of Paediatrics at the University of Saskatchewan before moving to the University of Alberta, where he practised neonatology and paediatric intensive care. He served as Vice President of Medicine with St. Paul's Hospital in Vancouver, and he was the Acting President and CEO of St. Paul's Hospital and Vancouver Catholic Health Care Group.

Cheryl Doiron, Associate Deputy Minister of Health

A senior health executive with extensive experience in operations and planning, Cheryl is a New Brunswicker who for the last two years was the Regional Chief Operating Officer for Surrey Health Services in British Columbia. Cheryl was responsible for the management of a 600-bed acute care hospital, home care nursing, community mental health clinics, and public health.

As Vice President of Operations and Planning and Business Development for the Atlantic Health Sciences Corporation in New Brunswick from 1993 to 1998, Cheryl was key to the province's successful move to an integrated health care system. Her responsibilities also included managing 12 hospital and health centre sites with 4,000 employees.

The role of associate deputy was introduced in January 2000. Cheryl is responsible for program delivery including the Health Services, Community Care, Insured Services, and Emergency Health Services Branch.

Biographies — Staff

John Dow, Executive Director

John was appointed to the Provincial Health Council by Order-in-Council in May 1999. John began his career at Western Kings Memorial Hospital in Berwick as Supervisor. He later worked as Inservice Co-ordinator, Infection Control Officer, Administrator, Transition Co-ordinator, and Building Manager. John co-authored economics course material for an introductory health economics course at Dalhousie University and is a part-time lecturer in Dalhousie's School of Health Services Administration.

Louann Scallion Morine

Louann became the Secretary/Office Manager of the Provincial Health Council in August 1999. After completing Bachelor of Arts and Bachelor of Journalism degrees, Louann joined IMP Aerospace International in Halifax as a technical editor. She later worked for Valley Regional Hospital in Kentville and at the Nova Scotia Youth Centre in Waterville. She has volunteered with The Red Door adolescent centre in Kentville, Big Brothers/Big Sisters, and the Dartmouth SPCA.

Dr. Deborah Kiceniuk

Dr. Kiceniuk joined the council staff as a researcher in May 2000. She recently received a PhD in Educational Foundations from Dalhousie University, Halifax, and also holds a Bachelor of Arts degree from Memorial University in Newfoundland and a Master of Medical Education degree from the University of Dundee, Scotland. Deborah has worked in the health care field since 1977, beginning as a nursing assistant in a Newfoundland hospital. Since 1988, she has worked in the academic environment, starting as a research assistant at the Department of Community Health and Epidemiology at Memorial University Medical School and held a full-time position with the medical school as a research assistant in medical education. Dr. Kiceniuk has published and presented academic papers on women in medicine, research methods in social sciences, and needs assessment in physician education at national and international conferences. Dr. Kiceniuk also enjoys sports, fitness, and gardening. She recently completed the National Coaching Certificate Program Level I in figure skating and has coached on a part-time basis for a number of skating clubs in the Halifax area.

Provincial Health Council Activities

Strategic Plan 2000

During initial meetings the council was occupied with trying to determine how to fill its roles and responsibilities as outlined in the legislation. Early discussions included issues such as ethics in health care, health technology assessment, access to health care services, the role of the nurse practitioner, and an examination of the progress toward achieving Nova Scotia's Health Goals.

The council has engaged in two strategic planning exercises. In January 1999, a vision statement, mission statement, and several goals were developed. The first strategic planning session was directed toward the development of operating principles and priority setting for the council itself.

In May 1999, the council held a second planning session to develop a three-year plan outlining strategic directions in the areas of human resources, healthy public policy, Community Health Boards, health education, and a seamless continuum of services. The second planning session focussed on the health care system and the council's role in evaluating the system and acting as an advocate for the people of Nova Scotia.

In 2000, the council began a process to evaluate the strategic planning and operations of the council itself. The strategic plans were revisited and consolidated into a single plan as follows.

Preamble

In 1998, the Provincial Health Council was re-established by the Legislature of Nova Scotia. The council is responsible for advising the government of Nova Scotia on issues concerning the health of Nova Scotians and on the health care system. The council consists of 12 volunteers who are representative of all Nova Scotians. These individuals are appointed by the Governor in Council chosen through a public appointment process after a call to the public for nominations. The council also consists of three ex-officio members: the Deputy Minister and the Associate Deputy Minister from the Department of Health, and the Executive Director of the Provincial Health Council. Supporting the work of council are three staff members. These include an Executive Director, a Researcher, and an Office Manager.

Vision

The vision of the Provincial Health Council states that Nova Scotians will be healthy and live in healthy communities as a result of a system that addresses the determinants of health and is accessible, portable, comprehensive, universal, publicly administered, accountable, transparent, and affordable.

Mission

The Provincial Health Council

- listens and responds to Nova Scotians
- supports the public's participation in health matters by providing them with information and opportunities

- guides and monitors government decision making on all aspects of healthy public policy
- promotes the use of Nova Scotia's Health Goals as an essential tool to achieve health and well-being for Nova Scotians and their communities.

The move to form a Provincial Health Council was established under the Health Council Act (1990). The current Provincial Health Council was formed in 1998 and is guided by this act.

Under **Section** 5 of the act, it is stated that the **Duties of Council** are to "advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province" (1990, c.13, s. 5). Additionally, the act serves as a guide to how the council should carry out its duties. Under **Section 6: Manner of performing duties**, of the act, it is stated that in carrying out its duties, the Council shall:

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues:

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint (1990, c. 12, s. 7).

Government Mandates

In Premier John Hamm's pre-election platform contained in *Strong Leadership ... a Clear Course,* the mandates for the Provincial Health Council were presented in the section on Health Care. The government mandates included:

- establish a Health Care Advocate to ensure that cost-effective interventions are identified and provided to Nova Scotians with exceptional medical needs
- hold province-wide public consultations to develop a list of **Core Clinical Services** that must be provided at the community, regional, and provincial levels and to develop a **Patient's Bill of Rights**
- review and make recommendations on standards for the delivery of services and to report its findings publicly

Determinants of Health

Most planners of health policy and health care providers acknowledge that health is not merely the absence of disease. Health status is based on many factors, which include social, physical, and environmental elements. These include:

1. Income and Social Status
2. Social Support Networks
3. Education
4. Employment and Working Conditions
5. Physical Environment
6. Social Environment
7. Biology and Genetic Endowment
8. Personal Health Practices and Coping Skills
9. Healthy Child Development
10. Health Services Available
11. Gender
12. Culture

Nova Scotia's Health Goals

The Health Goals of Nova Scotia were established in 1992 and signed by the Premier of Nova Scotia, the Minister of Health, and the Chairperson of the Provincial Health Council. The goals are intended to provide direction for the Government of Nova Scotia to develop policies that effect the health of Nova Scotians. These goals were reaffirmed by the Premier, the Minister of Health, and the Chairperson of the Provincial Health Council in 1999. Briefly the Nova Scotia Health Goals include:

- **Health Promotion:** Promote and improve the health of Nova Scotians.
- **Healthy Environment:** Make Nova Scotia a safe and healthy place to live.
- **Healthy Living:** Support the efforts of individuals, families, and communities to lead healthy lives.
- **Management:** Ensure that the resources needed to support health are managed wisely and fairly.
- **Participation:** Involve Nova Scotians in decisions affecting health.
- **Social Justice:** Ensure that all Nova Scotians have the opportunity to achieve health.

Introduction

The development of this strategic plan evolved after a review of the three strategic plans developed by the Provincial Health Council between January 1999 and May 2000. The review of the strategic plans revealed that the council endeavours to concentrate its efforts in four distinct focus areas. These include Communication, Evaluation, Education, and Advocacy. Under each of these areas goals and objectives have been formulated.

Why Strategic Planning?

Strategic planning has been referred to in the literature as formulation and implementation of a plan of action to guide future directions of a whole organisation. The process of strategic planning is continuous, not a one-time occurrence. Strategies must be continually linked to the goals, mission, and objectives of the organisation in a feedback loop. Strategic planning is important because it ...

- shapes the course of events
- ensures that actions are consistent
- provides for ordered thinking
- provides visible goals
- provides a mechanism for continuous review and analysis

To ensure that a strategic plan has a high probability of success, it must be "do-able."

Consequently, it is pointless to plan a strategy that is, in practice, not possible due to the constraints of human or financial resources. In addition, the plan must reflect the values of the organization and the community in which it exists. Therefore, it is necessary to view the strategic plan for council in relation to the Health Goals of Nova Scotia, the determinants of health, and within a framework of the vision, mission, and mandates of council. Therefore, the process begins from the standpoint of where the council views itself in relation to the community and its role within that community and constructs a process to meet these goals and objectives in a feedback loop to ensure council is fulfilling its designated role as determined in its strategic plan.

The plan for the Provincial Health Council has been developed following a review of the three strategic plans formulated by the council members during three separate facilitated sessions in January and June 1999, and May 2000. The discussions during these sessions and the subsequent review of the three strategic plans formed the basis for the direction of the Provincial Health Council for the next year. The information gleaned from the three plans indicated that the council's work is focussed in four focus areas within which its objectives and goals are grounded. The focus areas centre around the roles of council with respect to Education, Evaluation, Advocacy, and Communication. Although these focus areas are discussed below, individually, they are not mutually exclusive, but are integrally related to form a composite whole representing council's work. Therefore, the work of each sub-committee may cross the four focus areas and may not be exclusive to one area. Under each of the focus areas, a number of goals and objectives have been established. Under each of the objectives the council has suggested processes by which the objectives may be accomplished. However, it is acknowledged that many of these processes are ongoing and therefore have not been assigned time lines. The time lines, processes, and indicators are contained in the matrix at the end of this document.

1. *Communication*

One of the key focus areas is the communicative function of council. As indicated in the mission statement, council listens and responds to Nova Scotians and provides them with information and opportunities to enable them to participate in health matters. Additionally, council's role is that of an arm's-length advisory body to government, whereby council provides information to government upon which healthy public policy may be based. Legislated mandates require that council, in performing its duties, seek input from community organizations, health care providers, consumers, and individuals concerning health issues that may be under review by council. This input should be sought through a variety of processes including public symposia, hearings, and distribution of briefs and discussion papers. Therefore, the goal set out by council is to develop reciprocal communications with Nova Scotians. In meeting this goal, the council must create awareness of itself and its work, maintain an avenue of communication between various stakeholders, and establish working relationships with other groups or individuals when appropriate.

Goal I: To develop reciprocal communications with Nova Scotians

Objective A: To create awareness of council, its role and process

Objective B: To seek direction and information from stakeholders where necessary to fulfill its role

Objective C: To establish appropriate working relationships with other organizations and stakeholders in order to perform its tasks

Objective D: To develop a strategic plan for communications to the public and to government

2. *Education*

As part of fulfilling the duties of council, as described in the Health Council Act, the council is responsible to increase public awareness and knowledge of health issues. These issues include population health status, the cost of the health care system, and creating awareness of the personal responsibility that Nova Scotians must assume to improve their own health. In addition, because of the dual mission of the council, to listen to Nova Scotians and to advise government, council has a unique opportunity to inform government about health issues from the viewpoint of the public. One of the significant roles of council is to promote and facilitate avenues for Nova Scotians to learn about health. In fulfilling this role, the council has taken on the responsibility of developing a plan for the delivery of public education. There are a number of means to accomplish this objective. The council plans to develop a speakers bureau so that a number of individuals can be called upon to discuss, with the public or specific groups, topics of interest. Other methods include the dissemination of information through public reports, presentations, public service announcements, and the Internet. As part of the council's public education endeavours, it is asserted that it is part of council's duty to have input into the education of those people who may be future health care providers. Consequently, it is believed that the health determinants are a integral part of the education of health professionals at all levels.

Goal I: To promote and facilitate avenues for Nova Scotians to learn about health

Objective A: To develop a plan for the delivery of public education

3. *Evaluation*

In conjunction with its role to guide and monitor government decision making on all aspects of healthy public policy, the council is responsible to provide the Governor in Council with a balanced and informed view of the health care system. Therefore, it is necessary for the council to evaluate aspects of the health of Nova Scotians and the health care system according to the Health Goals of Nova Scotia and the determinants of health. The council has developed two objectives to execute this endeavour. First, it will develop a set of indicators to measure the health of Nova Scotians. Secondly, it will develop a framework to evaluate the effectiveness, efficiency, and efficacy of the health system. In addition to monitoring the health care system, the council is also responsible to evaluate its own work to ensure that it is fulfilling its role according to its vision and mission, and to its stated legislative duties. The process by which these objectives are carried out included prioritizing topics or areas of concern, developing relationships with stakeholders, developing measurable objectives and indicators, conducting evaluations, and reporting to the appropriate persons as necessary.

Goal I: To monitor the health care system

Objective A: To develop a framework of indicators that measure the health of Nova Scotians

Objective B: To develop a framework to evaluate the effectiveness, efficiency, and efficacy of the health system

Goal II: To regularly evaluate the work of council

Objective A: To develop a system to evaluate the work of council

4. *Advocacy*

Part of the legislated duties of council is to ensure that the government is aware of the public's viewpoint of health issues and to keep Nova Scotians informed about issues of health and the health care system. In keeping with this endeavour, the council will strive to identify issues of concern and influence policy formation of the various governmental departments, based on the determinants of health. In order to facilitate this role, the council will undertake to gather information from appropriate stakeholders, maintain communication with all departments of government and with the people of Nova Scotia, and gain representation on interdepartmental committees.

Goal I: To provide appropriate advice to government and Nova Scotians regarding health

Objective A: Identify issues

Objective B: Influence, on an interdepartmental level, pertinent departmental policies as per the determinants of health

The Matrix

In order to facilitate the development of goals and objectives by which each sub-committee could evaluate its work, a matrix was designed that is a representation of the three strategic plans developed by council (matrix contained in Appendix A). Consequently, based on the vision, mission, and mandated duties of council, the matrix will enable sub-committees to plan their work around the strategic plan of council. Although it is acknowledged that some committees may decide to concentrate their endeavours on a particular focus area, it is advised that each committee review all four focus areas before determining its final goals and objectives. Therefore, the matrix can be used as a checklist to assist committees in developing goals and objectives that they decide are appropriate for their committee. Pages one and two of the matrix present the overall goals of the council. The succeeding pages contain one focus area per page and include the council's goals and objectives under each focus area. In addition, there are assigned spaces for time lines and processes. Each committee should base its objectives and goals under the appropriate focus areas. Furthermore, it is intended that each committee should decide on its own time lines and processes and may make the appropriate adjustments to the matrix. However, the overall goals and objectives decided by council should remain as stated. Each sub-committee can also decide on the types of outcome measures it will evaluate as part of the committee's work. For example, if the education committee facilitates a presentation on health promotion, it may choose to evaluate the effectiveness of the presentation. It is suggested that each sub-committee:

1. Review the four focus areas of the matrix
2. Decide on which areas they would like to concentrate
3. Identify the process by which the committee will accomplish the objectives
4. Establish whether the processes are short- or long-term goals
5. Decide on time lines
6. Decide on methods to evaluate the work of the committee
7. Complete the matrix and return it to the council's office

After the matrices have been completed by the committees and returned to the council office, a master matrix will be compiled to provide the committees and the council with an overview of the work of the committees. Through a process of evaluation based on the goals and objectives as set out by council and the subcommittees, it is the aim that evidence will be provided to support council fulfilling its mission and vision.

Provincial Government Mandates

Core Clinical Services

In July 1999 the Provincial Health Council was asked by the government of Nova Scotia to prepare a list of core clinical services Nova Scotians expected at the community, regional, and provincial levels. This document was delivered to the Department of Health in March of 2000 and was reported on in the last Annual Report of the Provincial Health Council.

When the council decided to carry out its public consultation it decided to ask Nova Scotians several other questions about health and health care in the province. To this end, material was collected through 32 public meetings, 1,100 workbooks, 132 phone responses, 24 community health plans, and three meetings of an advisory committee.

The final, meeting of the advisory committee was held in June 2000. The committee reviewed feedback from the public and its implications. As well it focussed on Nova Scotia's Health Goals and the determinants of health and the implications of the core services review on the council.

A second core services document was prepared for consideration by the council. The report contains issues indicated by Community Health Boards, the workbooks, and public consultations. Major themes are summarised.

The final report was accepted by the council on 28 June 2000.

Following is the Executive Summary and the 12 recommendations to government:

Executive Summary

The Provincial Health Council was mandated by the Government of Nova Scotia to develop a list of core clinical services to be provided at the community, regional, and provincial levels in Nova Scotia. This list was to be developed through public consultation.

The Provincial Health Council was reinstated in October 1998 after a hiatus of three years. The council decided to use the government mandate as a platform to begin dialogue with Nova Scotians about the health council, the determinants of health, the Health Goals of Nova Scotia, and core clinical services.

The council used three methods to obtain public input into the core services list: the Community Health Plans created by the Community Health Boards across the province; a workbook created and circulated to approximately 11,000 people; and public meetings across the province.

This latter venue was also used to reintroduce the council to Nova Scotians and to begin the dialogue around determinants of health and the Health Goals of Nova Scotia.

During our discussions with Nova Scotians, we heard many things about health and health care in this province. A very small part of this information went to make up the list of core clinical services requested by the government. The list was created and submitted to the Department of Health in March of 2000. A copy of this list is included in Appendix 7. Much of the rest of the information obtained is neither new, nor revolutionary. Nova Scotians told us the same things they have been saying about health care and the system for the past 28 years, with one major addition. Overwhelmingly, Nova Scotians told us to stop asking them the same questions over and over again and get on with creating a health care system to meet the needs of Nova Scotians now and for the next 30 years.

Nova Scotians told us their vision of a health care system. It is a system that is accessible, equitable, affordable, community based, and aimed at health promotion and illness prevention.

Nova Scotians talked to us about health and health care, delineated not on the disease-based format providers use, but structured around services delivered to different populations such as youth, new families, and seniors.

Nova Scotians are concerned about the determinants of health and the effects on their health status. We heard much about the lack of clean air and clean water; the effects of poverty on various parts of our province; the levels of illiteracy in Nova Scotia; the inadequate sewage and garbage disposal; the effects of the destruction of our social and family support systems; and the extreme difficulties generated by lack of employment opportunities in many parts of the province.

Transportation was mentioned often enough to merit a discussion on its own. Lack of an adequate public transportation system for the province creates an inequity in access not only to health care, but also to cultural events, social events, and individual participation at even the community level of decision making.

Nova Scotians also discussed system issues such as human resource management, the need for integration of the system to provide a seamless (from the consumer viewpoint) continuum, the need for the providers and the system to become accountable for decisions made, the need to reorient our delivery to emphasise health promotion and illness prevention, and especially the need for Nova Scotians to become individually responsible for their own health.

In the body of the report you will find analyses of approximately 1,100 workbooks, 31 public meetings comprising input from approximately 1,100 people, 24 Community Health Plans, and the results of the deliberations of the advisory committee. You will also find recommendations to government related to many aspects of healthy public policy, formulated around the Health Goals of Nova Scotia and the determinants of health.

In summary, the Provincial Health Council is confident that this report accurately reflects the opinions of Nova Scotians about health and the health care system and contains recommendations that will lead to improvement of the health care system, integration of various government departments delivering services that affect the health of Nova Scotians, and a consequent improvement in the health status of Nova Scotians.

Recommendations

Preamble

The following are the recommendations of the Provincial Health Council. These recommendations are based on input from Nova Scotians obtained through the 24 Community Health Plans, a series of 32 public meetings, the workbooks completed by 1,100 Nova Scotians, and the work of the advisory committee (Participant List in Appendix 2.3) in interpreting the findings and making suggestions. The council, in formulating its recommendations, identified key findings in all the sources of input. The recommendations are not in any particular order of priority. No attempt has been made in this document to make recommendations at a micro level of management.

Recommendation # 1

That government provide a leadership role that will encourage those who influence health to challenge the traditional definition of health and move towards a definition that is based on the broad determinants of health, Nova Scotian's vision of health, and the Health Goals of Nova Scotia.

Recommendation #2

That all elected and appointed officials of the Province of Nova Scotia, and all staff of government departments, commit themselves to Nova Scotians' vision for health as expressed in public consultation and in the Nova Scotia Health Goals and work towards healthy public policy integrated across government lines. This includes ensuring that policies:

- address the Health Goals
- set specific targets to reach Health Goals, and further
- set evaluation processes to check on progress towards the Health Goals.

Recommendation #3

That government encourage all relevant agencies and persons take available opportunities to communicate Nova Scotians' vision of health and the Nova Scotia Health Goals.

Recommendation #4

That government provide tools and services to Nova Scotians that encourage people to take responsibility for their own health and that support them in this effort.

Examples could include educational programmes on:

- healthy living
- how to manage a variety of health challenges
- how to access health services that are most appropriate for the situation
- readily available community Internet access.

Recommendation #5

That government develop and commit to a long-term plan to ensure stability, continuity, and sustainability of health-related services, such plan to include:

- mechanisms to ensure that the vision identified by Nova Scotians is operationalised
- mechanisms to ensure that all Nova Scotians including First Nations people are fully considered in the plan, especially examining jurisdiction and access to services

- a strong human resources plan to ensure the appropriate mix of health service professionals based on identified client and community needs
- mechanisms to ensure that changes to the health services delivery system be reasoned and evidence based
- mechanisms to ensure accountability and regular evaluation of the impact of policies and activities on health status through the appropriate government departments.

Recommendation #6
That the government plan and implement programmes and services based on the needs of communities related to health, involving communities in decisions affecting their health, and that people can access, wherever possible, through their home community.

Recommendation #7
That all services be provided with consideration of values, culture, language, religion, ethnicity, and individual ability, and that all people be treated at all times with respect and dignity.

Recommendation #8
That government establish information policies and systems to support an integrated, coordinated continuum of services, to include:

- making sure that client and other information can move quickly and easily across location, government, and provider lines, where needed for continuity of care and services
- developing an electronic health record that is built around health outcomes
- gathering data that supports research into the long-term impact of health service delivery activities or other policies and changes on health outcomes.

Recommendation #9
That government ensure that the District Health Authorities provide the Community Health Boards and community organisations with tools and advice on how to complete a community health profile and assessment.

Recommendation #10
That government provide appropriate resources and recognition for volunteers to work effectively within their communities.

Recommendation #11
That government enhance public policy and action around provision of public transportation that will support access to health services and opportunities for healthy living for all Nova Scotians.

Recommendation # 12
That the Provincial Health Council ensure that a regular report on health for Nova Scotia be developed. The report would outline the results of monitoring and evaluation of:

- the efficacy, effectiveness, and efficiency of the present system in maintaining or improving health status of Nova Scotians
- the implementation of an acceptable health plan
- the impact of policies and system changes on the health status of Nova Scotians.

A month-long publicity campaign was held during the month of November to thank Nova Scotians for their input with the core services reports, starting with a press conference on November 1. At the press conference, B. Hart presented the second core services document to the Premier and the Minister of Health, at the Provincial Health Council offices. Paid ads were placed in the provincial papers for two days following the press conference. Press releases were issued weekly. Public service announcements about health issues written by council and health organizations were also released weekly.

Patient's Bill of Rights

From the Annual Report ending 31 March 2001:

"The document was drafted and revised and is expected to be completed and submitted to government late in April 2000."

The council finished the document *Expectations for Health and Health Care in Nova Scotia*, a document submitted to the Government of Nova Scotia in response to the government's mandate to develop a Patient's Bill of Rights.

The document was circulated to government in June 2000 and officially presented and released to the public at the open house held 1 November 2000.

The report in its entirety follows.

Preamble

The Government of Nova Scotia, through its various departments and in association with health care providers through which the government offers its programmes and services, accepts its responsibility to assist all Nova Scotians in achieving optimal health.

The government recognises that the attainment and maintenance of optimal health by Nova Scotians requires its commitment to address the determinants of health. Culture plays a large part in the way we relate to health, illness, the health care system, our lifestyle choices, and many other areas of our life, as well as the provision of adequate health care services.

Health means different things to different people. No single department or agency can alone help Nova Scotians achieve their fullest health potential. Optimal health comes about as the result of the complex interplay among individual values, choices, social opportunities, and a web of care and services that contribute in various important ways to the well-being of individuals, families, and communities.

This document reflects the government's ongoing commitment to the health of Nova Scotians by building on the Provincial Health Council's "Nova Scotia's Health Goals" (1999) and the principles of Primary Health Care. Below is a set of expectations that the government believes reasonable for all Nova Scotians to hold in respect to their health and health care. These expectations apply to all settings where health care is provided and throughout the continuum of life. The expectations are categorised into three broad areas among which there is intended to be much overlap.

These areas are:

- In Regard to the Attainment and Maintenance of Health for Persons, Families, and Communities
- In Regard to the Development of Health Care and Related Services
- In Regard to the Provision of Health Care and Related Services

In Regard to the Attainment and Maintenance of Health for Individuals, Families, and Communities:

We believe that all Nova Scotians should reasonably expect ...

- to live, work, and play in a clean, safe, and healthy environment
- to have access to an acceptable standard of shelter
- to have access to the requirements for a healthy diet
- to have uncomplicated access to an effective network of social support services
- to have reasonable access to easily understandable information relating to health and available health care services
- to have a voice in the development of healthy public policy.

In Regard to the Development of Healthcare and Related Services:

We believe that all Nova Scotians should reasonably expect ...

- a health care system that reflects their values
- that the development and delivery of service reflects a commitment to the health, general well-being, and dignity of all Nova Scotians
- to have access to a web of health care and related services and supports, including, but not limited to, primary care, acute care, long-term care, home care, emergency, palliative, rehabilitative, and preventive services
- that the development and delivery of service be guided by the best available qualitative, quantitative, and experiential evidence, and that where such evidence is lacking steps be undertaken to promote required research
- that individual and community efforts to enhance the health and well-being of Nova Scotians be appropriately supported
- that government will work to eradicate intersectoral and other barriers to ensure better health and health care for Nova Scotians
- the equitable allocation of resources
- that services that have an impact on the health of Nova Scotians will be adequately funded and wisely managed
- that the government maintain a commitment to the spirit of the *Canada Health Act* (1984) and *Nova Scotia's Health Goals* (1992)
- that widespread public input will be sought regarding major proposed changes to Nova Scotia's health care system.

In Regard to the Provision of Health Care and Related Services:

We believe that all Nova Scotians should reasonably expect ...

- that all services be provided with consideration of values, culture, language, religion, ethnicity, and individual ability
- to be treated at all times with respect, dignity, and consideration
- to have attention given to their views, preferences, observations, and problems regarding all aspects of care
- that care be provided in a manner that is free from abuse, neglect, and prejudice
- that care be provided based primarily on individual need
- to receive safe, competent, and ethical care by qualified providers
- to know the names, qualifications, and professional roles of the health care providers
- that health care and related services are provided with reasonable accommodation made for geographic distribution of the population
- to be cared for in as clean, safe, and healthy an environment as possible
- to receive understandable information regarding their health care
- to participate fully in all decisions related to their health care, either directly or, where circumstances dictate, through the use of an appropriate proxy or advance directive
- to participate in arrangements for discharge from service provision
- to have requests honoured for the withdrawal of treatment or the refusal of care, except where otherwise prescribed by law
- that refusal to participate in research or educational activities will be honoured and that such refusal will not jeopardise care
- to be informed of the relevant risks, benefits, and reasonably foreseeable consequences of any proposed intervention, together with the risks and potential consequences of refusing care
- to be adequately informed of the rules, regulations, policies, and limits associated with the provision of health care and related services
- a full explanation, in advance, for any charges for services not covered by the Provincial Health Care Plan
- that privacy will be maintained to the fullest extent practicable
- that confidentiality be observed except where disclosure is authorised by law, including as necessary to ensure optimal care
- that the requirements for disclosure of confidential information be explained
- to have reasonable and timely access to personal health care records, to request amendments to such records, and to be provided with copies (for a reasonable administrative fee) of their health care records except where special provisions exist under law.

Provincial Health Council Activities

Mental Health Services

The Bland-Dufton Report

In a continuation of the activities undertaken last year, the council submitted one final report to the Mental Health Review Committee being conducted by Doctors Roger Bland and Brian Dufton. This paper contained a recommendation regarding the establishment and structure of a mental health commission for the Province of Nova Scotia.

After a hiatus over the summer, the council received the Bland-Dufton Report Mental Health: *A Time For Action*. A review of the report by the Mental Health Committee revealed that all of the Provincial Health Council's recommendations except the one dealing with a mental health commission were incorporated into the report.

The Department of Health will put together a time-limited task force to include consumers, advocacy groups, District Health Authorities, and Community Health Boards. The Premier and the Minister and Deputy Minister of Health have given their support to the project. The process started in February with the appointment of a Mental Health Steering Committee, and the council was asked to provide a representative to sit on this committee. Mental health human resources, the skill sets required, and how services are delivered will be reviewed by working groups.

The Mental Health Committee divided the report up amongst its membership to review. A plan will be developed through April and May to determine the activities and direction of the committee over the next year.

Law Reform Commission of Nova Scotia

The Law Reform Commission is reviewing the mental health section of the Hospital Act regarding updating in relationship to mental health reform. The Mental Health Committee is studying the Hospital Act to determine if the council needs to offer advice around the reform of the act.

Committee Membership

The council expanded the membership of the Mental Health Committee by adding a psychiatrist, a mental health professional, and a mental health services consumer to the committee. In addition, Dr. Jim Millar, the newly appointed Director of Mental Health Services for the Department of Health, was also invited to join the committee. This was done to increase the expertise available to the council as it moved forward with its activities.

The committee discussed its goals and felt it should concentrate its focus on child and adolescent mental health services. The issues involved with this subject include child poverty, early identification, a prevention model, affordable housing, youth as a victim of violence, substance abuse, emotional and behavioural well-being, youth and the law, self-esteem, human resources, and adequate psychiatrists in the system and community.

Health Services

In September 2000, the council struck a new Health Services Committee. The committee's purpose is to follow up on the document *Health for Nova Scotians*.

The council felt that it was insufficient to just present the document to the government and drop the matter. A great deal of time and energy was expended, not only by the council but also by the citizens of Nova Scotia in the preparation of the recommendations, and Nova Scotians deserve to know what their government has done to the health care system in response to their recommendations.

The committee felt that its goal was not to produce another report but to challenge the government to change the way it thinks. The committee discussed how it could encourage the government to act on the recommendations in the *Health for Nova Scotians* report and what indicators it should develop to monitor the actions.

As a result of setting the priorities, the committee decided to focus on recommendation 5, which reads as follows:

That government develop and commit to a long-term plan to ensure stability, continuity, and sustainability of health related services, such plan to include:

- mechanisms to ensure that the vision identified by Nova Scotians is operationalised
- mechanisms to ensure that all Nova Scotians including First Nations people are fully considered in the plan, especially examining jurisdiction and access to services
- a strong human resources plan to ensure the appropriate mix of health service professionals based on identified client and community needs
- mechanisms to ensure that changes to the health services delivery system be reasoned and evidence based
- mechanisms to ensure accountability and regular evaluation of the impact of policies and activities on health status through the appropriate government departments.

Several action steps were identified:

- requesting information from all government departments on what work they were doing to meet the health goals
- inviting not-for-profit organizations and Community Health Boards to meet with the committee to gather information
- visiting Nova Scotians again to ask them what they would like done with the report and how they are going to hold the government accountable to make sure the recommendations are implemented
- investigating other ways to reach Nova Scotians such as attending occupational health and safety meetings.

A strategic plan for the committee was developed. The goals include:

- a long-term, depoliticised plan that would take into consideration policy governance and would have inherent values like Nova Scotian's Health Goals
- fiscal accountability
- operationalisation of the vision identified by Nova Scotians

Action steps include:

1. **Put vision of health in face of Nova Scotians**
   bringing the vision to Nova Scotians' attention frequently.
2. **Stimulate discussion on policy governance**
   stimulating policy governance discussion (roles of government and communities) is considered key to a long-term plan at the infrastructure level. Members discussed advocating the Carver model of policy governance and if council, itself, should adopt that model.
3. **Support communities to become effective decision makers (Tools)**
   supporting communities to become effective decision makers, with the Population Health Research Unit, the Network of Family Physicians, foundations, Community Health Boards, Public Health, and municipal officials providing community input, data, and evidence.
4. **Enable communities to make decisions (Supports)**
   advocating for communities to be able to make decisions, in conjunction with the Union of Nova Scotian Municipalities, the council, the government, Community Health Boards, and District Health Authorities. The goal has two components—a human resource plan and access.

As a result of the deliberations of this committee, it was decided by the council to undertake a second series of public meetings in March of 2000, to visit each of the new districts and meet with the district members, the Community Health Board members, and the general public. A list of these meetings is included in Appendix C, and a report will be forthcoming in the new fiscal year.

Information Management

The committee decided to focus its efforts for the year on recommendation #8 from the document *Health for Nova Scotians,* which reads as follows:

That government establish information policies and systems to support an integrated, coordinated continuum of services, to include:

- making sure that client and other information can move quickly and easily across location, government, and provider lines, where needed for continuity of care and services
- developing an electronic health record that is built around health outcomes
- gathering data that supports research into the long-term impact of health service delivery activities or other policies and changes on health outcomes.

The committee has focussed its attention on several issues.

Electronic Patient Records

The need for an integrated electronic patient record that is readily accessible from all parts of the province was identified by Nova Scotians during the consultation process. The committee looked at different forms this record could take, from central data warehouses to patient smart cards. Also discussed was the need to contain information in a standardised way though portals. Electronic health records should be accessible and changeable by patients, as well as secure. The department is also putting together a client-specific information system, both at personal and systematic levels without personal identifiers attached for better care. Options were discussed with the people of Nova Scotia as part of the provincial visits undertaken in March 2001. The results of this consultation will be available in the new year.

Health Education and Information

Nova Scotians want effective information on health services and practices. The council met several times with a provincial group representing hospitals, libraries, and various providers to discuss the establishment of an Internet presence that will provide accurate, timely health information to the general public. The Technology and Science Secretariat and the Department of Health are looking at working with Community Access Program (C@P) sites from the consumer perspective of accessing health information.

Protection of Privacy

S. Kramer noted that the *Health for Nova Scotians* report didn't mention privacy of information concerns. The problem the department is facing is the ease in which medical information can be obtained and the absence of policies around transmitting that information. If the policy issue is not addressed and the benefits of information sharing dealt with, the department will meet with resistance regarding information sharing. Information technology will increase security.

The committee will provide advice to the Department of Health as to how the department can improve information technology. Consumers will be actively involved in consultations and work on privacy issues and standards. When the council visited Community Health Boards during visits in March 2001, it raised discussion around privacy of information. The importance of not leading discussion during visitations, but rather to bring up the subjects of access to information and privacy and have a free flow conversation about it, was decided. Advice will be offered to the department following the completion of these visits in April of 2001.

Newfoundland Provincial Community Information Network

Dr. Kiceniuk met with Doug May from Memorial University and Allen Hollett the Director of Statistics in Newfoundland, who have set up an information system on the province's communities. They obtained the information for the system from the federal government, Statistics Canada, and surveys. People living in those communities can access this information through the Internet. Nova Scotia is considering a similar system.

S. Kramer explained her role with the Department of Health and the direction it is taking with information technology. She indicated that policies also need to be developed around protection of privacy. The department will be setting up an advisory group that would include representatives from academia, groups like the Provincial Health Council, other ministries, providers, and planners. A standards committee will also be formed and will include people, such as doctors and nurses, who will use health information on a daily basis.

Broad Band Networks

The committee met with representatives from ACORN, the Atlantic Canada Organization for Research Networks for Nova Scotia, to discuss broad band networks. ACORN's focus is on technology infrastructure at the university and research levels. The council is interested in the application of broad band technologies to an integrated health information network. ACORN has connections across Canada for international networks, which are 1,000 times faster than average Internet connections.

Education

The council struck a new Education Committee in September 2000 with a mandate to encourage groups that promote healthy life styles.

The committee discussed its direction with the following results:

- being careful not to micro manage
- supporting the work of the organisations represented by the other committee members, as well as working with community health boards
- working with things like parenting programmes instead of focussing on factors it cannot control, such as the socio-economic status of its community
- identifying its stakeholders and the alliances it requires to fulfill its objectives
- identifying how the committee can facilitate CHBs in reaching their goals
- identifying indicators for evaluating its work
- focussing on the issues related to children and youth
- supporting Community Health Boards is one of council's priorities.

The committee reviewed the community health plans and extracted issues the boards felt were important related to healthy living and education, as the committee determined issues it should support. Members felt that they should extend their support to parenting groups, schools promoting healthy living, and restaurants and grocery stores promoting healthy foods.

The committee compiled a list of organisations that exist in communities across Nova Scotia. A survey of them would give a clear picture of what programmes exist and which ones the committee should support. A generalised questionnaire was developed and distributed to school boards, Community Health Boards, seniors' centres and organisations (such as the Senior Citizens' Secretariat), family resource centres, teen drop-in centres, community services, and the Network for Child and Youth Services to gain a list of current resources in the communities and where voids exist.

The questionnaire asks about things such as:

- barriers to participating in programmes
- the type of funding the programme receives
- the partnerships involved in the programmes
- if the programmes are run by paid staff, volunteers, or both
- how the programme relates to the determinants of health
- the name of a contact person, the organisation, and contact information.

The committee felt it could then make recommendations to the Provincial Health Council around programmes offered across the province that address the health education of our youth and adolescents. It is also hoped to create a comprehensive listing of the programmes available and the best practices to share with the agencies and organisations that provide educational programmes to young people to assist them in deciding where to focus their efforts to achieve the maximum effect.

Evaluation

The following section outlines the process developed to evaluate the work being carried out by the committees of the Provincial Health Council between September 2000 and March 1, 2001. The six committees of council are Information Management; Evaluation; Education; Communications; Mental Health; and Health Services. The report for the Mental Health Committee was not available at the time of writing this report. There is one external committee of council that consists of representatives of government departments, professional associations, and academia. This project entitled the Health G.A.I.N.S. (Goal Accountability in Nova Scotia) has a mandate to compile a set of indicators to measure government system performance.

The introduction of this report reviews the vision and mandate of the Provincial Health Council. Each focus area comprises one section that includes an explanation of the focus area followed by a summary of the work being conducted in that area.

The Four Focus Areas

The plan for the Provincial Health Council was developed following a review of the three strategic plans formulated by the council members during three separate facilitated sessions in January and June 1999, and May 2000. The discussions during these sessions and the subsequent review of the three strategic plans form the basis for the direction of the Provincial Health Council for the year 2000–01. The information gleaned from the three plans indicated that the council's work is focussed in four areas within which its objectives and goals are grounded. The focus areas centre around the roles of council with respect to Education, Evaluation, Advocacy, and Communication. Although these focus areas are discussed below individually, they are not mutually exclusive, but are integrally related to form a composite whole representing council's work. Therefore, the work of each sub-committee may cross the four focus areas and may not be exclusive to one area. Under each of the focus areas, a number of goals and objectives have been established and are followed by a summary of the work of the committees coinciding with each area.

1. Communication

One of the key focus areas is the communicative function of council. As indicated in the mission statement, council listens and responds to Nova Scotians and provides them with information and opportunities to enable them to participate in health matters. Additionally, council's role is that of an arm's-length advisory body to government, whereby council provides information to government upon which healthy public policy may be based. Legislated mandates require that council, in performing its duties, seek input from community organisations, health care providers, consumers, and individuals concerning health issues that may be under review by council. This input should be sought through a variety of processes including public symposia, hearings, and distribution of briefs and discussion papers. Therefore, the goal set out by council is to develop reciprocal communications with Nova Scotians. To meet this goal, the council must create awareness of itself and its work, maintain an avenue of communication between various stakeholders, and establish working relationships with other groups or individuals when appropriate.

Goal I: To develop reciprocal communications with Nova Scotians

Objective A: To create awareness of council, its role and process

Objective B: To seek direction and information from stakeholders where necessary to fulfill its role

Objective C: To establish appropriate working relationships with other organisations and stakeholders in order to perform its tasks

Objective D: To develop a strategic plan for communications to the public and to government

Summary

This area appears to be well addressed in council's work Many of the committees are involved in developing strategies that promote the work of council to stakeholders, the general public, government, and the newly formed District Health Authorities (DHAs) and Community Health Boards (CHBs).

Actions taken to fulfill these endeavours include publication of an Annual Report and a newsletter (two per year), regular postings to the council's and government web page, organising speaking engagements, meeting with the Minister and Deputy Minister of Health (April), and speaking to Cabinet at least twice yearly. Through the visitations carried out in March and April of this year, it was possible to meet with DHAs, CHBs, stakeholders, and the public, including First Nation peoples. Council's work is also being communicated through monthly press releases, public service announcements, and other publications with agencies and non-government organisations (NGOs). Through the Communication Committee, and in part by the Health Services Committee, many of these activities are in ongoing. However, the press releases have not been submitted on a monthly basis up until this time, and meetings with the NGOs will commence in April. The Health Services Committee will also seek to collaborate with other groups, such as the Nova Scotia Association of Health Organizations, to facilitate the orientation of the DHAs on the work of the council.

Methods of communicating the values, goals, and vision of the mental health service system are being devised and will be delivered to providers and receivers of mental health services. This is being accomplished via public consultations through the Core Services Committee, CHBs, DHAs, various government departments, families, and caregivers. Although this avenue is being pursued, there is more to be done with respect to involving inter-sectoral groups and cross-service linkages.

The area of information management is also being addressed through co-operation and knowledge sharing between the Provincial Health Council's Information Management Committee, the Department of Health, and the District Health Authorities. The Chief Information Officer from the Department of Health now serves on this committee, and other individuals will be invited as deemed appropriate by the committee.

The policy governance model has been introduced to council as a possible mechanism by which council will operate. In an effort to facilitate council's understanding of this model, the Health Services Committee will develop relationships with other organisations who are familiar with or who use the policy governance model.

2. Education

As part of fulfilling the duties of council, as described in the Health Council Act, the council is responsible to increase public awareness and knowledge of health issues. These issues include population health status, the cost of the health care system, and creating awareness of the personal responsibility that Nova Scotians must assume to improve their own health. In addition, because of the dual mission of the council, to listen to Nova Scotians and to advise government, council has a unique opportunity to inform government about health issues from the viewpoint

of the public. One of the significant roles of council is to promote and facilitate avenues for Nova Scotians to learn about health. In fulfilling this role, the council has taken on the responsibility of developing a plan for the delivery of public education. There are a number of means to accomplish this objective. The council plans to develop a speakers bureau so that a number of individuals can be called upon to discuss, with the public or specific groups, topics of interest. Other methods include the dissemination of information through public reports, presentations, public service announcements, and the Internet. As part of the council's public education endeavours, it is asserted that it is part of council's duty to have input into the education of those people who may be future health care providers. Consequently, it is believed that the health determinants are a integral part of the education of health professionals at all levels.

Goal I: To promote and facilitate avenues for Nova Scotians to learn about health

Objective A: To develop a plan for the delivery of public education

Summary

Through assisting with the development of information systems in the province, the Information Committee endeavours to ensure that these systems will be appropriate for the users and providers of health care and enable them to make decisions about their health. Other areas of educative work of the council are through the Mental Health Committee, which aims to investigate avenues to facilitate the elimination of the stigmas associated with being diagnosed with a mental illness and find ways to facilitate the integration of these patients into society. Actions to fulfill this aim include working with advocacy groups, integrating mental health with the general hospitals, and initiating public campaigns and focus groups. This area is continually being developed through comprehensive policy making and collaboration with stakeholders.

The Health Services Committee has taken the responsibility to develop a discussion document to assist council members in becoming more informed about policy governance. If council decides to implement the policy governance model, the committee will arrange a workshop to explore the model in depth. This workshop will be led by Helen Patriquin of the Nova Scotia Association of Health Organizations. In addition, a literature review has been conducted by the staff of the Provincial Health Council, and the information will be made available to the Health Services Committee and to council members.

3. Evaluation

In conjunction with its role to guide and monitor government decision making on all aspects of healthy public policy, the council is responsible to provide the Governor in Council with a balanced and informed view of the health care system. Therefore, it is necessary for the council to evaluate aspects of the health of Nova Scotians and the health care system according to the Health Goals of Nova Scotia and the determinants of health. Consequently, the council has developed two objectives to execute this endeavour. First, it will develop a set of indicators to measure the health of Nova Scotians. Second, it will develop a framework to evaluate the effectiveness, efficiency, and efficacy of the health system. In addition to monitoring the health care system, the council is responsible to evaluate its own work to ensure that it is fulfilling its role according to its vision and mission and to its stated legislative duties. The process by which these objectives are carried out included prioritizing topics or areas of concern, developing relationships with stakeholders, developing measurable objectives and indicators, conducting evaluations, and reporting to the appropriate persons as necessary.

Goal I: To monitor the health care system

Objective A: To develop a framework of indicators that measure the health of Nova Scotians

Objective B: To develop a framework to evaluate the effectiveness, efficiency, and efficacy of the health system

Goal II: To regularly evaluate the work of council

Objective A: To develop a system to evaluate the work of council

Summary

The council's sub-committees are undertaking various methods of evaluating aspects of the health system. The Information Management Committee is intending to evaluate the development of the health information systems being undertaken by the DOH and DHAs, including the development of key indicators. This committee will also consider other models of information systems in Canada in order to determine the most appropriate avenue for Nova Scotia. The methods by which information concerning mental health "best practices" is disseminated will be evaluated by the Mental Health Committee. Proposed areas of evaluation outlined in their report were financial, system, and performance evaluation; outcome indicators; accountability; bench marking; and client surveys. It was not evident from the committee's feedback form how this would be implemented; however, further clarification may be forthcoming when a more definite plan is formulated. Nonetheless, there is ongoing work at the levels of the DOH, DHAs, and CHBs by the Mental Health Committee.

The evaluation of the literature on the policy governance model will be conducted by members of the Health Services Committee. Additionally, the Health Services Committee will evaluate the needs and capacities of individual communities by developing discussion questions that will be incorporated into the meetings with the CHBs during the March and April visitations. Information gained from the discussions will assist the committee in facilitating communities to become effective decision makers in health care. This committee has also suggested that there should be a vision developed for the PHC and a subsequent report on the work of council in achieving this vision. Furthermore, they have suggested that this would be the work of the Internal Evaluation Committee and all committee chairs.

The issue of human resources in health care is also an interest of the Health Services Committee. Therefore, it is determined that one of the goals of this committee will be to determine if a plan exists for the long-range vision for human resources in health care. This will be determined through discussions with the appropriate DOH staff.

The goal in Phase I of the Health G.A.I.N.S. project is to compile a set of indicators to measure provincial system performance on Nova Scotia's Health Goals. A framework for proceeding has been developed and the roles and responsibilities of each of the committees has been determined. Further to this, the following committee structure has been adopted.

(1) Project Advisory Committee—representatives from government departments, academia, professional organisations, and the council
(2) Steering Committee—representatives of NSAHO and PHC
(3) Two Health Goal Research Groups
    (a) Management—John Malcom (Chair)
    (b) Health Promotion—Brenda Montgomery (Chair)

The memberships of the two Health Goal Research Groups were derived from the members of the Project Advisory Committee, who volunteered for their preferred group. The Management Group met on March 23, 2001, and the Health Promotion Group is scheduled to meet on May 16, 2001.

4. Advocacy

Part of the legislated duties of council is to ensure that the government is aware of the public's viewpoint of health issues and to keep Nova Scotians informed about issues of health and the health care system. In keeping with this endeavour, the council will strive to identify issues of concern and influence policy formation of the various governmental departments, based on the determinants of health. In order to facilitate this role, the council will undertake to gather information from appropriate stakeholders, maintain communication with all departments of government and with the people of Nova Scotia, and gain representation on interdepartmental committees.

Goal I: To provide appropriate advice to government and Nova Scotians regarding health

Objective A: Identify issues

Objective B: Influence, on an interdepartmental level, pertinent departmental policies as per the determinants of health

Summary

Integrated information management systems will be an ongoing concern for council. Considering this, the Information Management Committee will identify areas where meaningful data should be obtained and maintained by DOH and DHAs. The DOH has invited a member of the council to be a member on the advisory group on management systems of the DOH. The Mental Health Committee will ensure that a population health model will be used in mental health services in Nova Scotia and will act as a pressure group to achieve this goal.

The Health Services Committee aims to work with First Nation peoples and other Nova Scotians to identify the avenues that can be implemented to facilitate their making decisions about their health. This endeavour will be fulfilled through the visitations in March and April of 2001.

Communication

The Communications Committee met in June and October to develop strategies for promoting the council. The Provincial Health Council sought public attention in various ways, beginning with the launch of its newsletter, *Health News*, in October 2000, followed by a press conference and public visits.

Health News included articles on council's committees, upcoming events, and Nova Scotia's Health Goals. Approximately 2,400 copies of the newsletter were sent to the public, federal, and provincial government offices, long-term care facilities, libraries, First Nations health centres, public health services offices, community health boards, and several other audiences, increasing awareness of the council and its achievements. An electronic version was posted on council's Web site, as well. The second issue of *Health News* was released in the February 2001.

The report *Health for Nova Scotians* was released at a press conference and open house on November 1, 2000 in the council's boardroom. The release, which was attended by Minister of Health Jamie Muir and various federal election candidates, received television, radio, and newspaper coverage. The council also celebrated its second anniversary that day.

Press releases were issued during the year on topics such as the release of the *Health for Nova Scotians* report, the appointment of new council members, government funding for smoking cessation initiatives, district visits, and the Department of Health's report *Making Better Health Decisions for Nova Scotia*.

A new initiative undertaken this year was the preparation and circulation of public service announcements with not-for-profit organisations. The public service announcements were released during the organisations' monthly campaigns and promoted healthy living and awareness of diseases and conditions. They were distributed to newspapers and radio and television stations and were posted on the council's Web site.

An article prepared by Louann Scallion Morine of the Provincial Health Council staff on environmental concerns that arose during public consultations for the *Health for Nova Scotians* report was published in the Allergy and Environmental Health Associations's news magazine *Update*. *The Seniors' Advocate* also printed an article about the council's opinion on single entry access written by Ms. Scallion Morine.

The Provincial Health Council's Web site, located at <www.healthcouncil.ns.ca>, has been remodified this year with a new look and broader content. It contains detailed information on committees, meetings, and publications and includes links to other health-related sites.

Newspaper and radio ads promoted the council's open house in November, and a newspaper advertising campaign publicised the district visits held in March. An ad with a healthy living message was also placed in *The Seniors' Advocate* in winter 2000.

Appendix A: Financial Statement

	Budget 2000–01	Year-End 31 Mar 2001	Difference (Deficit)
Salaries and Wages	**$180,800**	**$170,730**	**$10,070**
Staff	$166,300	$162,000	$4,300
Travel in Province	$2,500	$15	$2,845
Travel out of Province	$0	$0	$0
Consulting Services	$8,500	$7,125	$1,375
Professional Services	$1,000	$820	$180
Staff Development	$2,500	$770	$1,730
Council Expenses	**$48,500**	**$39,676**	**$8,976**
Council Travel	$35,500	$31,050	$4,450
Meeting Expenses	$10,000	$7,666	$2,334
Council Development	$2,500	$505	$1,995
Parking Space	$500	$455	$45
Office Expenses	**$53,500**	**$30,238**	**$13,262**
General	$1,500	$1,450	$50
Printing & Stationary	$30,000	$9,980	$20,020
Postage/Mailbox	$4,000	$2,803	$1,197
Freight/Duty/Express	$500	$590	$(90)
Advertising	$9,000	$11,700	$(2,700)
Taxi & Messengers	$500	$113	$387
Photocopier Rentals	$3,000	$3,175	$(175)
Equipment Purchases	$3,000	$963	$2,037
Subscription/Books	$1,500	$1,445	$55
Miscellaneous	$500	$20	$480
Communications	**$8,900**	**$4,565**	**$4,335**
Telephone	$4,000	$4,440	$(440)
Internet	$400	$125	$275
IT Hardware	$2,500	$0	$2,500
IT Software	$2,000	$0	$2,000
Grand Total	**$291,700**	**$245,210**	**$46,490**

Appendix B: Health Council Act

An act to Establish a Provincial Health Council

Short Title

1 This Act may be cited as the Health Council Act, 1990, c. 13, s. 1.

Interpretation

2 In this Act,

(a) "Council" means the Provincial Health Council;

(b) "Minister" means the Minister of Health and Fitness. 1990, c. 13, s. 2.

Provincial Health Council

3 The Provincial Health Council is hereby established. 1990, c. 13, s. 3.

Members of Council

4 (1) The Council consists of

(a) twelve members appointed by the Governor in Council through a public appointment process from a list of names of persons nominated by the general public as a result of a call by the Governor in Council for nominations from the general public;

(b) the Deputy Minister of Health and Fitness;

(c) the Administrator of Policy and Planning in the Department of Health and Fitness; and

(d) the Executive Director of the Council.

Right to vote

(2) A person who is a member of the Council by reason of holding an office referred to in clause (b), (c) or (d) of subsection (1) may not vote in the deliberations of the Council.

Term of member

(3) Each member appointed to the Council pursuant to clause (a) of subsection (1) shall be appointed for a term of three years except that of the first members appointed to the Council, four shall be appointed for a term of three years, four shall be appointed for a term of two years and four shall be appointed for a term of one year.

Re-appointment

(4) A person appointed pursuant to subsection (3) may be re-appointed but no person may be appointed for more than two consecutive three-year terms.

Quorum

(5) A majority of the voting members of the Council constitutes a quorum.

Unexpired portion of term

(6) Where a person appointed pursuant to clause (a) of subsection (1) ceases to be a member of the Council for any reason other than the expiration of that person's term of office, the Governor in Council may appoint a person for the unexpired portion of the term.

Vacancy

(7) A vacancy in the membership of the Council does not impair the ability of the remaining members to act.

Expenses

(8) Each member of the Council shall be reimbursed for reasonable expenses necessarily incurred by the member in connection with the work of the Council. 1990, c. 13, s. 4.

Duties of Council

5 The duties of the Council are to advise the Governor in Council, through the Minister, in the development of a comprehensive health policy, comprising health goals and objectives and in setting the overall direction of the health care system in the Province. 1990, c. 13, s. 5.

Manner of performing duties

6 In carrying out its duties, the Council shall

(a) invite community organizations, health care providers, consumers and individual members of the general public to provide advice on health issues under review by the Council through methods including public symposia, hearings and distribution of briefs and discussion papers;

(b) provide to the Governor in Council a balanced and informed view of the health care system;

(c) review particular issues referred to the Council by the Governor in Council, through the Minister, and advise the Governor in Council on those issues;

(d) increase public awareness and knowledge of health issues, including population health status, the cost of the health care system and personal responsibility to improve health;

(e) enhance the awareness of Government of emerging health issues from the public viewpoint. 1990, c. 13, s. 6.

Chair

7 The Governor in Council shall appoint for such term as the Governor in Council determines a member of the council appointed pursuant to clause (a) of subsection (1) of Section 4 to chair meetings of the Council, so long as that person is a member of the Council. 1990, c. 13, s. 7.

Committees of Council

8 (1) The Council may establish committees to examine specific health issues, including health goals, ethics and health technology.

Appointment to committees

(2) The Council may appoint persons who are not members of the Council to a committee and a member of the Council shall preside over meetings of the committee.

Expenses

(3) Members of a committee shall be reimbursed for reasonable expenses necessarily incurred by them in connection with the work of the Committee. 1990, C. 13, s. 8.

Executive Director

9 The Governor in Council may, after consultation with the Council, appoint an Executive Director for the Council upon such terms and conditions, including remuneration, as is determined by the Governor in Council. 1990, c. 13, s. 9.

Personnel

10 (1) Such persons as are required for the administration of this Act shall be appointed by the Council in accordance with the Civil Service Act.

Experts

(2) Notwithstanding subsection (1), the Council may, with the approval of the Minister, engage, upon such terms and conditions, including remuneration, as the Council deems fit, the services of such professional persons, technical persons and experts to advise the Council or a committee of the Council. 1990, c. 13, s. 10.

Employees of Department of Health and Fitness

11 In carrying out its duties the Council shall, in consultation with the Deputy Minister of Health and Fitness, engage the services of employees of the Department of Health and Fitness. 1990, c. 13, s. 11.

Funds

12 Funds required by the Council to carry out its duties shall be from money appropriated for that purpose by the Legislature. 1990, c. 13, s. 12.

Annual Report

13 (1) The Council shall report to the Governor in Council from time to time through and upon the request of the Minister and shall make an annual report on the activities of the Council.

Tabling of annual report

(2) The Minister shall table the annual report of the Council in the Assembly, if the Assembly is then sitting, and if the Assembly is not sitting, within fifteen days of its next sitting. 1990, c. 13, s. 13.

Repeal

14 Chapter 196 of the Revised Statutes, 1989, the Health Councils Act, is repealed. 1990, c. 13, s. 14.

Proclamation

15 This Act comes into force on and not before such day as the Governor in Council orders and declares by proclamation. 1990, c. 13, s. 15.

Appendix C: Meetings

Council Meetings

January 6, 2000
February 3, 2000
March 16, 2000
April 6, 2000
May 5, 2000
June 8, 23, 28, 2000
September 7, 2000
October 5, 2000
November 2, 2000
December 7, 2000
January 4, 2001
March 1, 2001

Information Management Committee

November 23, 2000
January 8, 2001
January 22, 2001
February 5, 2001

Evaluation Committee

September 6, 2000
September 26, 2000
October 25, 2000
January 25, 2001
March 15, 2001

Health Services Committee

September 13, 2000
October 6, 2000
November 8, 2000
November 23, 2000
December 4, 2000
December 14, 2000
January 3, 2001
January 29, 2001
February 15, 2001
February 23, 2001

Communications Committee

June 14, 2000
June 22, 2000
September 13, 2000
October 6, 2000
February 23, 2001

Education Committee

September 13, 2000
October 17, 2000
November 8, 2000
January 22, 2001
February 12, 2001

Mental Health Committee

October 4, 2000
December 6, 2000
January 3, 2001
January 31, 2001
February 28, 2001

Public Meetings

March 5–6, 2001	DHA 1, Bridgewater
March 7–8, 2001	DHA 2, Yarmouth
March 12–13, 2001	DHA 3, Berwick
March 14–15, 2001	DHA 4, Truro
March 19–20, 2001	DHA 5, Amherst
March 21–22, 2001	DHA 6, Pictou/Stellarton
March 26–27, 2001	DHA 7, Antigonish
March 28–29, 2001	DHA 8, Sydney, North Sydney, Baddeck

Planned:

April 17–18, 2001	DHA 9, Halifax

Appendix D: Information and Communication

Publications

Essential Health Services: A Preliminary Report (Report to the Minister of Health Containing a List of Core Clinical Services Nova Scotians Consider Essential to Their Health), March 17, 2000

Report Regarding Children and Adolescent Mental Health Services, March 1999

Submission to the Mental Health Review Committee, February 23, 2000

Proposed Framework for a Mental Health Commission, April 6, 2000

Health for Nova Scotians: The results of a public consultation process, June 2000

Expectations for Health and Health Care in Nova Scotia: A document submitted to the Government of Nova Scotia in response to the Government's mandate to develop a Patient's Bill of Rights. 18 May 2000

Advice to Government related to Health Call Centres, June 1999

Pamphlets

The Provincial Health Council. Who we are ... Why we're here ... and How to contact us